

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HERB L. FELTON
384-134
S.O.C.F.
P.O. BOX 45699
LUCASVILLE, OH 45699

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *HA*☐ Agent☒ Addressee

B. Received by (Printed Name)

HERB L. FELTON

C. Date of Delivery

9-21-04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 0860 0006 5229 8436

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835